

Bureau of Automotive Repair Licensing

P.O. Box 989001, West Sacramento, CA 95798-9001 P (916) 255-3145 F (916) 255-4482 | www.smogcheck.dca.ca.gov



Bureau of Automotive Repair Declaration and Request for Replacement License

\$2.00 Fee is required REQUEST FOR DUPLICATE OF:	REASON FOR REQUEST:
☐ Automotive Repair Dealer's Registration	☐ Lost
☐ Official Station License (Lamp, Brake, Smog Check St	ration) \square Stolen
☐ Lamp/Brake Adjuster License	☐ Destroyed
	☐ Mutilated
	☐ Original not received
	☐ Required for additional job(s)
Please type or print information below as it appeared on License / Certificate	
Applicants Name: (Last) (First) (MI)	Home Phone Number:
Home Address: (Street) (City)	(State) (Zip code)
Drivers License Number:	Applicant's License Number
Name of Business:	Business Phone Number:
Business Address: (Street) (City)	(State) (Zip code)
Zusinoss (Zusett) (Etty)	(Elp (See)
Station License Number	
Please explain the circumstances regarding request for lice	nse and/or certificate:
Lost, Mutilated or Destroyed Registration Certificate. A dealer shall give pro issued to the dealer becomes lost, mutilated, or destroyed. The dealer shall m of \$2, for the issuance of a certified duplicate registration certificate for the un certificate, and any lost registration certificate subsequently found, shall be su	ake a written request to the bureau, accompanied by a certification fee nexpired term of the registration. Any mutilated registration
I hereby certify under penalty of perjury under the laws of the State of California that the statements and information set forth above are correct, that I will immediately return the license or registration to the Licensing Unit should said license or registration be found, or report its whereabouts should it become known to me.	
Signature (Please sign in ink)	Date